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## APPLICANTS

Don W. Lee, Glendale, CA;

\*\* CONTINUING DATA \*\*\*\*\*

KCW

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

KCW

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	7	20	5
Verified and Acknowledged Examiner's Signature: <i>Kenneth C. Williams</i> Initials: <i>KCW</i>				

## ADDRESS

James E. Brunton, Esquire  
 Post Office Box 29000  
 Glendale, CA  
 91209-9000

## TITLE

Intravascular catheter

FILING FEE  RECEIVED 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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